Questions for Existing Hospital Diversion Bed Programs
Battelle House – UCS Bennington, VT

Do you take only CRT admissions?

No, we take other admissions in addition to CRT

What percentage of admissions are CRT?

95-99%

Do you accept admissions for both diversion from a hospitalization and / or as a step-down from a hospital placement?

Yes

What are the most significant elements of your programs that enables you to divert people from hospital admissions?

24-hour nursing, coordinated planned admissions, clinical assessments, access to CRT groups, psychiatric oversight

What are the most significant elements of your programs that enables you to shorten individuals lengths of hospital stays by providing a step-down placement?

Same as above

What are the most significant barriers to diverting a individual from a hospitalization?

A strong desire by persons needing diversion to be admitted to a hospital bed

A history of client conflicts with staff of Battelle House

What are the most significant barriers to decreasing a hospital length of stay by stepping a individual down to a crisis bed?

Difficulty in achieving doc-to-doc discussions and collaboration

What is the optimal number of clients you would want in a crisis facility?

5 – we have beds for 6 plus one SARC bed (Substance Abuse Receiving Center)

What is the optimal ratio of staff to clients at a crisis facility?

It ranges from 1:6 to 3:1 depending on the shift pattern, the number of face-to-face crisis evaluations out in the community, and the number of clients in the facility

How much Dr. coverage is necessary in your opinion to run a crisis facility?

3-5 hours per week plus on-call consultation as needed

How much nursing coverage is necessary in your opinion to run a crisis facility?

24/7/365

Besides care rate funding, what other sources of income does your crisis bed generate?

Medicaid, some insurance plans

Have you approached all private payors?

We have approached some; we are preparing to approach others

Do you have explicit entrance criteria? If yes, what is it?

If unknown to us, doc-to-doc discussion is required; additionally referral information needed includes history, all current meds, Tx Plan, crisis plan, goal(s) of admission to Battelle House

Do you have explicit discharge criteria? If yes what is it?

The discharge goal is individual and set at the time of the referral; progress on discharge goal may or may not be discussed with the client daily – depending on how helpful the discussion may be

Do you accept out of county referrals?

Yes

What percentage of admissions are from out of county?

< 1% - and willing to take more

If there was a payment mechanism would you consider taking individuals who presently are being incapped?

Yes

Why / Why not?

We currently take voluntary inebriates to our SARC bed, and we are very welcoming to them. We would take involuntary incapped provided that we are reasonably certain of safety for the client and our staff.

If you could give one piece of advice to implementing a successful crisis bed program what would it be?

Be sure of your resources – these programs are valuable for our communities – not just CRT – however they require adequate resources to run them.

How many individuals could you accept at present who don't want to go to your crisis facility?

1 – 2 weekly

Do you ever need to turn away admissions because you are full? If so, how often?

Yes – it varies but can average 2-3 per month.